## HIPAA Provider Outreach Initiative for Podiatry

by the

District of Columbia, Department of Health, Medical Assistance Administration

and the

HIPAA Provider Outreach Team June 10, 2003



#### Today's Agenda

HIPAA Overview

Podiatry Billing Update

Electronic Data Interchange





#### **HIPAA Overview**





#### **Objective**

- Overview
  - Administrative Simplification
    - Background
    - Goals
    - **Benefits**
    - HIPAA Rules





#### **Background**

- **▶** Health Insurance Portability & Accountability Act
  - Portability
    - Insurance Reform
  - Accountability
    - Criminal and Civil Penalties
  - Administrative Simplification
    - Health Care Transactions and Code Sets
    - Privacy
    - Security
    - National Identifiers





#### Goals

- Increase the use and efficiency of electronic methods of exchanging standard health care information
- Reduce the number of forms, the methods of completing claims, and other health care related documents





- Benefits
  - Lower administrative costs
  - Enhance accuracy of data and reports
  - Increase provider satisfaction
  - Reduce processing time and improving cash management





Regulation	NPRM Published	Final Rule Published	Compliance Deadline
Transactions & Code Sets	05/07/98	08/17/00	10/16/03
Privacy	11/03/99	12/28/00	04/14/03
National Employer Identifier	06/16/98	05/31/02	07/30/04
Security	08/12/98	2/20/03	04/21/05
National Provider Identifier	05/07/98		





Regulation	NPRM Published	Final Rule Published	Compliance Deadline
National Individual Identifier  National Health Plan Identifier	Not	Publis	
Claims Attachment Enforcement	5/19/03- 5/24/03		





- Standardized Transaction Sets
  - **▶** ANSI ASC X12N 837 = Health Care Claim (P, I, and D)
  - **▶** ANSI ASC X12N 835 = Health Care Claim Payment/Advice
  - **▶** ANSI ASC X12N 270 = Health Insurance Eligibility Request
  - **▶** ANSI ASC X12N 271 = Health Insurance Eligibility Response
  - **▶ ANSI ASC X12N 276 = Health Care Claims Status Inquiry**
  - ► ANSI ASC X12N 277 = Health Care Claims Status Response
  - ANSI ASC X12N 278 = Health Care Claims Service Referral/Authorization

- Code Sets
  - Nationally developed diagnosis and procedure codes
    - CPT, HCPCS, and ICD-9
  - Non-medical code sets detailed in the implementation guides
  - Must be used in all applicable standard transactions
  - No local codes





- Privacy Rule-April 14, 2003
  - An individual's rights to control access and disclosure of their protected or individually identifiable health care information.
  - Objectives of the Privacy Rule:
    - Give patients more control
    - Establish appropriate safeguards
    - Hold violators accountable





- ▶ Security Rule-April 21, 2005
  - Designed to protect:
    - Confidentiality
    - Integrity
    - Availability





- Identifiers
  - National Employer Identifier
  - National Provider Identifier
  - National Health Plan Identifier
  - National Individual Identifier





- Centers for Medicare and Medicaid Services
  - www.cms.gov/hipaa/hipaa2/default.asp
- Office of Civil Rights
  - www.hhs.gov/ocr/index.html
- Washington Publishing Company
  - www.wpc-edi.com/hipaa/HIPAA\_40.asp
- Workgroup for Electronic Data Interchange
  - www.wedi.org.









## **Podiatry Billing Update**





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#### **Objective**

To briefly describe:

- HIPAA Review & Approval Process
- New Podiatry Billing Procedures
- New Provider Inquiry Policy





#### Agenda

HIPAA Review and Approval Process

• Six-step analysis, translation and review process for changes to Podiatry Billing

- New Podiatry Billing Procedures
  - Overview
- **▶ CPT and HCPCS Crosswalk**
- Billing Manual Changes
- New Provider Inquiry Policy





#### **HIPAA Review & Approval Process**

- Six Step Process:
  - HIPAA Business Analyst Review
  - RHIA Analyst Review
  - Registered Nurse Review
  - MAA Subject Matter Expert Review
  - Local Code Set Committee Review
  - Approval by Interim Senior Deputy Director
- **Result of the Process:** 
  - MAA Transmittal Letter





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#### **New Podiatry Billing - Overview**

▶ Effective date: August 1, 2003

Use standard CPT and HCPCS codes to bill claims







#### Code Crosswalk: Example

Local Code & Modifier Description	Standard Code Description	Remarks
DEBRIDEMENT OF NAILS; MANUAL; FIVE O - DEBRIDE NAILS, MANUAL	Debridement of nail(s) by any method(s); one to five	Providers must select 11720 or 11721
11700 -50	Debridement of nail(s) by any method(s); six or more	





#### **Billing Manual Changes**

Added a revision index

New manual billing pages are in the transmittal letter



## Billing Manual Changes - Revision Index

#### **Revision Reference**

Section	Remove Page	Insert Page	Revised Page(s)	Description of Change
Table of Contents	N/A	7	New	Insert Revision Index page, Revised Date of 05/03/03.
Section 8.8	50	50	50	Added paragraph requesting provider name, tax id, provider Medicaid number, and name of person making call.
Section 13.5.1	73	73	73	Removed references to local codes for visits and examinations.





#### **New Provider Inquiry Policy**

- When Calling the Provider Inquiry Unit
  - Please be prepared to provide:
    - Provider Name
    - Name of person calling on behalf of Provider
    - Medicaid Provider ID
    - Provider Tax ID/SSN (proposed new requirement)
  - Please be prepared to accept:
    - The minimum amount of information to answer your inquiry





#### **Provider Inquiry Unit**

- ▶ Hours of operation:
  - Monday through Friday
  - ▶ 8 A.M. until 5 P.M.
- **▶** Telephone number: (866) 752-9233
- **▶** Correspondence address:
  - **ACS**
  - **▶** Attention: Provider Inquiry Unit
  - ▶ P.O. Box 34734
  - **Washington, DC 20043-4761**





#### **Provider Outreach Training Schedule**

- ► Introductory June 10, 2003
  - Thank you, for attending today's training.

- Detailed June 16 July 18, 2003
  - Electronic Claims Companion Guides
- **▶** Software Aug 1 Aug 31, 2003
  - WINASAP2003





#### **Questions**

# Are there any questions?





## Electronic Data Interchange

**ACS EDI Gateway, Inc.** 





#### **Purpose**

- ► To provide an overview of
  - ACS EDI Gateway, Inc
    - Trading Partner Management
      - Enrollment process
      - Community outreach
      - EDI Support Unit



- Enrollment Packets
  - Enroll through EDI Gateway, Inc. via:
    - **▶ EDI Enrollment Packet** 
      - Demographics and contact information
      - Submission methods
      - Transactions
      - Response Retrieval
    - Obtain via:
      - ACS EDI Support Unit at 866.775.8563, Monday through Friday, 8 a.m. to 5 p.m. EST
      - Download from website www.acs-gcro.com





- **EDI Provider Enrollment Packet** 
  - Individual
  - Group





- **EDI Submitter Enrollment Packet** 
  - Software Vendor
  - Billing Agent
  - Clearinghouse





- Community Outreach
  - ACS EDI Gateway Business Analysts
    - Training
      - Services
      - Software
    - Research Issues
      - Format/reject related issue



- Community Outreach
  - Companion Guides
    - Data clarification
    - ASC X12N Transaction Set Implementation Guides
  - Testing
    - Established testing strategy and process
    - Reduces number of invalid transactions
    - Mitigates fraud and abuse risk
    - Approved vendors





- Community Outreach
  - ACS EDI Gateway Support Unit
    - Technical assistance with software, hardware, and transmission issues
    - Data Exchange Services
    - Informational Services
    - Enrollment of submitters
    - > 866.775.8563, Monday through Friday, 8 a.m. to 5 p.m. EST



- Call ACS EDI Support Unit
  - **866.775.8563** 
    - Request ACS EDI Gateway Trading Partner Enrollment Packets
    - Verify status of EDI Trading Partner Enrollment Forms
    - Request logon information
    - Verifying confirmation receipt for electronic claims submission



- **Call ACS EDI Support Unit** 
  - **866.775.8563** 
    - Download, install, and train on WINASAP2003 software
    - Retrieve electronic responses via iDEx
    - Remedy electronic transmission difficulties





- When to call Provider Inquiry
  - 866.752.9233
    - Billing questions related to policy
    - **▶** Electronic Funds Transfer (EFT)
    - Paper claims processing
    - Medicaid program enrollment











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